



Your CIGNA HealthCare
Continuity of Care Benefits



CIGNA HealthCare
A Business of Caring.

Continuity of Care Benefits:

Continuity of Care benefits are intended to allow existing members to continue to receive services at in-network benefit levels for specified medical and behavioral conditions for a defined period of time, when his or her participating provider leaves the CIGNA HealthCare network and there are clinical reasons preventing immediate transfer of care to another provider. If your CIGNA HealthCare provider leaves the network, CIGNA HealthCare will determine if Continuity of Care benefits are available to you and/or your dependents.

Summary

- If your provider is leaving the CIGNA HealthCare network, you must apply for Continuity of Care within 30 days of the provider's termination date.
- Your provider must already be treating you for the condition identified on the Continuity of Care Request Form.
- If Continuity of Care benefits are approved for medical or behavioral conditions, you will receive the in-network level of benefits for treatment of the specific condition by the provider for a defined time frame, as determined by CIGNA HealthCare.
- If approved, Continuity of Care benefits apply only to the treatment of the medical or behavioral condition specified and the provider identified on the Continuity of Care Request Form.
- During the Continuity of Care period, benefits for approved levels of care and providers (individual practitioners and facilities) will be paid at in-network benefit levels as billed by the provider. If your plan includes out-of-network care and you choose to continue care out of network beyond the time frame approved by CIGNA HealthCare, you must follow the benefit plan's out-of-network provisions. This includes any pre-certification requirements.
- Continuity of Care benefits only apply to the conditions and provider(s) specifically authorized. All other conditions must be cared for by an in-network provider to qualify for in-network benefit levels.

Examples of medical conditions that may qualify for Continuity of Care benefits include, but are not limited to:

- Pregnancy in the second or third trimester at the time of provider termination.
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.

- Recent major surgeries still in the global follow-up period (generally six to eight weeks).
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions, etc. For the purpose of this policy, acute/chronic conditions actively treated are defined as a provider visit or hospitalization with documented changes in a therapeutic regimen within 21 days prior to the provider's termination/member's effective date. It also includes conditions where the discontinuity could cause worsening of the condition, reoccurrence, or interferes with anticipated outcomes.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of benefit provisions).

Examples of conditions that do not qualify for Continuity of Care benefits include, but are not limited to:

- Routine exams, vaccinations and health assessments.
- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension and glaucoma.
- Acute minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries such as removal of lesions, bunionectomies, hernia repairs and hysterectomy.

What time frame is allowed for transitioning to a new participating provider?

If CIGNA HealthCare determines that clinical reasons necessitate continuity of care, services by a non-participating provider will be authorized for a specified, limited period of time (usually 90 days) or until care has been completed or transitioned to a participating provider, whichever comes first.

If I am approved for Continuity of Care benefits for one illness, can I receive in-network benefit payments for a non-related condition?

In-network benefit levels provided as part of Continuity of Care are for the specific illness/condition and provider(s) specifically authorized. All other conditions must be cared for by an in-network provider to qualify for in-network benefit levels.

How do I apply for Continuity of Care?

- Continuity of Care requests must be submitted in writing, using the Continuity of Care Request Form. You must submit the signed request form no later than 30 days after the effective date of the provider's termination. Upon receipt of the form, CIGNA HealthCare will review and evaluate the information provided and will send you a letter informing you of the approval or denial of your request. A denial will include information on appeals.

See instructions for completing this form on the reverse side.

CIGNA HealthCare Continuity of Care Request Form



CIGNA HealthCare

*****ATTENTION: You may not need to complete this form*****

- **Complete this form only if you are using a provider who will no longer be participating in your CIGNA provider network and you are: (a) undergoing a course of treatment for an acute condition or other condition as described in your plan materials and/or required by state law: or (b) pregnant and in the second or third trimester of pregnancy.**
- See next page for instructions on completing this form. For mental health treatment, please review the information on the reverse page.
- Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer		Policy #		Employee Date of Enrollment in CIGNA HealthCare Benefit Plan(mm/dd/yyyy)	
Employee Name			Employee Social Security # or Alternate Member ID		Work Phone
Home Address	Street	City	State	Zip	Home Phone
Patient's Name		Patient's Social Security # or Alternate Member ID		Patient's Birthdate (mm/dd/yyyy)	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

1. Is the patient pregnant and in the second or third trimester of pregnancy? ☐ Yes ☐ No
2. If yes, when is the due date? _____ (mm/dd/yyyy)
3. Is the patient currently receiving treatment for an acute condition or trauma? ☐ Yes ☐ No
4. Is the patient scheduled for surgery or hospitalization during the next 90 days? ☐ Yes ☐ No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy, terminal care or a candidate for organ transplant? ☐ Yes ☐ No
6. Is the patient receiving treatment as a result of a recent major surgery? ☐ Yes ☐ No
7. Is the patient receiving mental health/substance abuse treatment? ☐ Yes ☐ No
8. Please describe the condition for which the patient requests Continuity of Care. _____

9. Please complete the provider information request below.

Group Practice Name		
Provider's Name		Telephone # of Provider
Provider's Specialty		
Provider's Address		
Hospital Where Patient's Provider Practices		Telephone # of Hospital
Hospital Address		
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

10. Is this patient expected to be in the hospital during the next 90 days? ☐ Yes ☐ No
11. Please list any other continuing care needs that may qualify for Continuity of Care benefits. If these care needs are not associated with the condition for which you are applying for Continuity of Care benefits, you need to complete a separate Continuity of Care Form.

I hereby authorize the above provider to give CIGNA HealthCare or any affiliated CIGNA company with any and all information and medical records necessary to make an informed decision concerning my request for Continuity of Care Benefits under CIGNA HealthCare. I understand I am entitled to a copy of this authorization form.

Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)
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INSTRUCTIONS FOR COMPLETING CONTINUITY OF CARE REQUEST FORM

(Note: California managed care members are required to complete a separate form.)

A separate Continuity of Care Request Form must be completed for each condition for which you and/or your dependents are seeking Continuity of Care benefits. Additional forms are available from your employer. Please make certain that all questions are completely answered. When the form is completed, it must be signed by the patient for whom the Continuity of Care benefits have been requested. If the patient is a minor, a guardian's signature is necessary.

The first few sections of the form apply to the Employee. When the form asks for the patient's name, only the name of the person who is actually undergoing care and is requesting Continuity of Care, should be reflected.

If you answered yes to questions, #1, #2, #3, #4, #5 or #6, or if you are submitting this form for continuity of care for any other non-mental health care services, **please submit this Continuity of Care Request Form to:**

CIGNA Health Facilitation Care Center
Attention: Continuity of Care
3200 Park Lane Drive
Pittsburgh, PA 15275
Fax (412) 747-7087

In #7, if you answered yes, and you have:

- (1) a HMO, POS or Network plan, please contact CIGNA Behavioral Health for continuity information by calling the Member Services phone # on the back of your ID card.
- (2) a non-managed plan (i.e. PPO or OAP), please forward this completed form to the following:

CIGNA Behavioral Health
11095 Viking Drive, Suite 500
Eden Prairie, MN 55344
Attention: See below for state references

AK, AZ, CA, HI, ID, MT, NV, OR, UT, WA, WY – Attention: Glendale RCC
CT, DC, DE, ME, MD, MA, MI, NH, NJ, NY, PA, RI, VT, VA – Attention: Chesapeake RCC
AL, AR, CO, IL, IN, IA, KS, KY, LA, MN, MO, NE, NM, OH, OK, TX, WI – Attention: Dallas RCC
FL, GA, MS, NC, PR, SC, TN, WV – Attention: Tampa RCC

In #8, include information about your current or proposed treatment plan and the length of time your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of your surgery.

In #11, briefly state the health condition, when it began and what provider is currently involved? How often do you see this provider?

To help ensure a timely review of your Continuity case, please return the form as soon as possible. You must apply for Continuity of Care benefits within 30 days of the provider's termination date. The completed forms should be marked "Confidential" and forwarded to the Healthcare Facilitation Center address above. CIGNA HealthCare will notify you in writing of the approval or denial of your request.

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.